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FAX

January 29, 2008

To:

Examiner Jackson

AU 2626

Fax No.: (571) 273 8300

From: Richard L. Huff

Fax No.: (301) 570 8166

Pages including this page: 5

Chai et al 10/672,336

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		Application Number	10/672,336									
] TF	RANSMITTAL	Filing Date	9/26/2003									
{	FORM ·	First Named Inventor	Chal									
		Art Unit	2626									
(to be used fo	r all correspondence after initial filling)	Examiner Name	Jackson									
\	of Pages in This Submission 4	Attorney Docket Number	CHAI 100									
ENCLOSURES (Check all that apply)												
Fee Tran	smittal Form	Drawing(s)	After Allowance Communication to TC									
✓ F	ee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences									
Amendm	enurcepty	Petition Petition to Convert to a	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)									
 		Provisional Application Power of Attorney, Revocation	Proprietary Information									
		Change of Correspondence A	ddress Status Letter									
Extension	of Time Request	Terminal Disclaimer	Other Enclosure(s) (please Identify below):									
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Signature	Report L Hell											
Printed name	Printed name Richard L. Huff DU											
Date	1/29/2008 Reg. No. 33627											
CERTIFICATE OF TRANSMISSION/MAILING												
I hereby certify the sufficient postage the date shown be	as first class mail in an envelope add	nile transmitted to the USPTO fressed to: Commissioner for f	or deposited with the United States Postal Service with Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on									
Signature Buchard L Huff												
Typed or printed r	ame Richard L. Huff		Date 1/29/2008									

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (end by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid DMB control number. Docket Number (Optional) NOTICE OF APPEAL FROM THE EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES CHAILOD I hereby certify that this correspondence is being facsimile transmitted In re Application of to the USPTO or deposited with the United States Postal Service with Chal sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-Application Numbe 1450" [37 CFR 1.8(a)] 672 SPELLING AND ENCODIN FOR IDEOGRAPHIC THOD Signature_ Art Unit Examiner Typed or printed 2626 Jackson name Applicant hereby appeals to the Board of Patent Appeals and Interferences from the last decision of the examiner. The fee for this Notice of Appeal is (37 CFR 41.20(b)(1)) Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is: A check in the amount of the fee is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet. The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. . I have enclosed a duplicate copy of this sheet. A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) attorney or agent of record. 囡 Registration number _ 2169 attorney or agent acting under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. *Total of forms are submitted.

This collection of information is required by 37 CFR 41.31. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11, 1.14 and 41.6. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.					Complete if Known								
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).					Application Number 10/6			72,336					
FEE TRANSMITTAL					Filing Date 9/26/2			003					
	For F'	Y 200	8	_F	First Named Inventor Chai			ıi					
Applicant of	aims small entity	etatus Spe	97 CFR 1 27		Examiner Name Jack			ckson					
		<u> </u>			Art Unit 2626								
TOTAL AMOUN	T OF PAYMENT	(\$)	255		Attorney Docket No. CHAI 10			00					
METHOD OF PAYMENT (check all that apply)													
Check ✓ Credit Card Money Order None Other (please identify):													
Deposit Account Deposit Account Number: Deposit Account Name:													
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee													
Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.													
FEE CALCULA	ATION							· · · · · · · · · · · · · · · · · · ·					
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2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Each independent claims Fee (\$)													
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